VMHA OPEN COMPETITION

REGISTRATION FORM

1		Registered	Name of Morga	an AMHA#	Rider/Driver	Owner	Division	Fee
2								
3	1.							
3	2.							
4Owner Contact Information: Name: Address: Phone: Email: Send registration form and fees (checks made to VMHA) to: Norma Katz, 74 Eureka Road, Springfield, VT 05156								
Owner Contact Information: Name: Address: Phone: Email: Send registration form and fees (checks made to VMHA) to: Norma Katz, 74 Eureka Road, Springfield, VT 05156								
Name: Address: Phone: Email: Send registration form and fees (checks made to VMHA) to: Norma Katz, 74 Eureka Road, Springfield, VT 05156								
Name: Address: Phone: Email: Send registration form and fees (checks made to VMHA) to: Norma Katz, 74 Eureka Road, Springfield, VT 05156								
Name: Address: Phone: Email: Send registration form and fees (checks made to VMHA) to: Norma Katz, 74 Eureka Road, Springfield, VT 05156	0		I C					
Phone:	Ow	vner Contac	et Information:					
Email:	Na	me:			Address:			
Send registration form and fees (checks made to VMHA) to: Norma Katz, 74 Eureka Road, Springfield, VT 05156	Pho	one:						
Norma Katz, 74 Eureka Road, Springfield, VT 05156	Em	nail:						
Norma Katz, 74 Eureka Road, Springfield, VT 05156								
	Sei	nd registrat	ion form and fee	es (checks mad	le to VMHA) to):		
	No							

For 2022 sign up by August 1 to be eligible